

United States Bankruptcy Court Northern District of Illinois					Voluntary Petition																													
Name of Debtor (if individual, enter Last, First, Middle): Crockett, Randy					Name of Joint Debtor (Spouse) (Last, First, Middle): Crockett, Javona																													
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):					All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): Javona Burrel																													
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 2747					Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 0976																													
Street Address of Debtor (No. & Street, City, State & Zip Code): 4302 W Gladys Apt 1 Chicago, IL					Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 4302 W Gladys Apt 1 Chicago, IL																													
ZIPCODE 60624					ZIPCODE 60624																													
County of Residence or of the Principal Place of Business: Cook					County of Residence or of the Principal Place of Business: Cook																													
Mailing Address of Debtor (if different from street address):					Mailing Address of Joint Debtor (if different from street address):																													
ZIPCODE					ZIPCODE																													
Location of Principal Assets of Business Debtor (if different from street address above):					ZIPCODE																													
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.																														
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.					Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																													
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.										THIS SPACE IS FOR COURT USE ONLY																								
Estimated Number of Creditors <table border="0"><tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>1-49</td><td>50-99</td><td>100-199</td><td>200-999</td><td>1,000- 5,000</td><td>5,001- 10,000</td><td>10,001- 25,000</td><td>25,001- 50,000</td><td>50,001- 100,000</td><td>Over 100,000</td></tr></table>															<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	Over 100,000
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
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Estimated Assets <table border="0"><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>\$0 to \$50,000</td><td>\$50,001 to \$100,000</td><td>\$100,001 to \$500,000</td><td>\$500,001 to \$1 million</td><td>\$1,000,001 to \$10 million</td><td>\$10,000,001 to \$50 million</td><td>\$50,000,001 to \$100 million</td><td>\$100,000,001 to \$500 million</td><td>\$500,000,001 to \$1 billion</td><td>More than \$1 billion</td></tr></table>										<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
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Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Crockett, Randy & Crockett, Javona	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: None		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None		Case Number:	Date Filed:
District:		Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. X /s/ Nicolette Robovsky 11/11/08 Signature of Attorney for Debtor(s) Date	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord or lessor that obtained judgment) _____ (Address of landlord or lessor) <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Crockett, Randy & Crockett, Javona	
Signatures			
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X /s/ Randy Crockett Signature of Debtor Randy Crockett X /s/ Javona Crockett Signature of Joint Debtor Javona Crockett Telephone Number (If not represented by attorney) November 11, 2008 Date		Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X _____ Signature of Foreign Representative _____ Printed Name of Foreign Representative _____ Date	
Signature of Attorney* X /s/ Nicolette Robovsky Signature of Attorney for Debtor(s) Nicolette Robovsky 6278336 Printed Name of Attorney for Debtor(s) Gleason & Gleason Firm Name 77 W Washington, Ste 1218 Address Chicago, IL 60602 (312) 578-9530 Telephone Number November 11, 2008 Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		Signature of Non-Attorney Petition Preparer I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. _____ Printed Name and title, if any, of Bankruptcy Petition Preparer _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) _____ Address X _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above. _____ Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date			

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X _____

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Crockett, Randy & Crockett, Javona

Printed Name(s) of Debtor(s)

X /s/ Randy Crockett

Signature of Debtor

11/11/2008

Date

Case No. (if known) _____

X /s/ Javona Crockett

Signature of Joint Debtor (if any)

11/11/2008

Date

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL			0.00	

(Report also on Summary of Schedules)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on hand	J	150.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public utilities, telephone companies, landlords, and others.		Security deposit w landlord	J	1,500.00
4. Household goods and furnishings, include audio, video, and computer equipment.		Normal and necessary household goods, including but not limited to : TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece	J	2,500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Music, books, and pictures	J	50.00
6. Wearing apparel.		Clothing		250.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term life - American Finance - No cash surrender value	J	0.00
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Pension	H	4,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE **Crockett, Randy & Crockett, Javona**

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		07 Chevy Malibu	J	14,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			

IN RE Crockett, Randy & Crockett, Javona

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				22,450.00

_____**0** continuation sheets attached

(Include amounts from any continuation sheets attached.
Report total also on Summary of Schedules.)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor;" include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 2035675 Acc Consumer Finance L 10770 Wateridge Cir San Diego, CA 92121-5701	J	Installment account opened 6/07 VALUE \$ 14,000.00				21,803.00	7,803.00
ACCOUNT NO.		VALUE \$					
ACCOUNT NO.		VALUE \$					
ACCOUNT NO.		VALUE \$					
Subtotal (Total of this page)						\$ 21,803.00	\$ 7,803.00
Total (Use only on last page)						\$ 21,803.00	\$ 7,803.00

0 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☒ **Domestic Support Obligations**
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**
Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☒ **Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

2 continuation sheets attached

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Domestic Support Obligations
(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	
ACCOUNT NO. 228h20060125000 Il Dept Of Healthcare 509 S 6th St Springfield, IL 62701-1825	H	child support			X	140.00	140.00		
ACCOUNT NO. Illinois Department Of Human Services Cash Management Unit PO Box 19407 Springfield, IL 62794-9407	J	back child support			X	4,000.00	4,000.00		
ACCOUNT NO.									
ACCOUNT NO.									
ACCOUNT NO.									
ACCOUNT NO.									
Sheet no. <u>1</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims						Subtotal (Totals of this page)	\$ 4,140.00	\$ 4,140.00	\$
(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						Total			
(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)						Total			

IN RE **Crockett, Randy & Crockett, Javona**

Case No. _____

Debtor(s)

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Taxes and Other Certain Debts Owed to Governmental Units**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.)	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. Illinois Department Of Revenue Bankruptcy Section Level 7-425 100 W Randolph St Chicago, IL 60601-3218	J	taxes				500.00	500.00	
ACCOUNT NO. Internal Revenue Service Centralized Insolvency Operations PO Box 21126 Philadelphia, PA 19114-0326	J	taxes				1,000.00	1,000.00	
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								

Sheet no. 2 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority ClaimsSubtotal
(Totals of this page)\$ **1,500.00** \$ **1,500.00** \$

Total

\$ **5,640.00**

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

Total

(Use only on last page of the completed Schedule E. If applicable,
report also on the Statistical Summary of Certain Liabilities and Related Data.)\$ **5,640.00** \$

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. C11388803 Aaron Sales And Lease Ow PO Box 102746 Atlanta, GA 30368-2746	H	Open account opened 9/06				1,155.00
ACCOUNT NO. C11388829 Aaron Sales And Lease Ow PO Box 102746 Atlanta, GA 30368-2746	H	Open account opened 9/06				1,247.00
ACCOUNT NO. 0556 Advocate Health Hospital Cor Bethany 3435 W Van Buren St Chicago, IL 60624-3312	W	Collections account opened 5/07				277.00
ACCOUNT NO. State Collection Servi PO Box 6250 Madison, WI 53716-0250		Assignee or other notification for: Advocate Health Hospital Cor				

16 continuation sheets attached	Subtotal (Total of this page)	\$ 2,679.00
(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	Total	\$

IN RE **Crockett, Randy & Crockett, Javona**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 17200130643 America's Fi 2 Madison St Oak Park, IL 60302-4204	H	Installment account opened 7/07				640.00
ACCOUNT NO. America's Financial Choice 3555 W Irving Park Rd Chicago, IL 60618-3219	J	loan				750.00
ACCOUNT NO. Americash Loans Attn Bankruptcy 880 Lee St Ste 302 Des Plaines, IL 60016-6487	J	Loan				700.00
ACCOUNT NO. Americash Loans 103 W Division St Chicago, IL 60610-1909		Assignee or other notification for: Americash Loans				
ACCOUNT NO. 6690 Aspire PO Box 105341 Atlanta, GA 30348-5341	J	Collections				1,169.00
ACCOUNT NO. David Taylor And Assocs 170 Main St Unit G11 Tewksbury, MA 01876-1744		Assignee or other notification for: Aspire				
ACCOUNT NO. Zenith Acquisition Corp 220 John Glenn Dr # 1 Buffalo, NY 14228-2228		Assignee or other notification for: Aspire				

Sheet no. 1 of 16 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **3,259.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE **Crockett, Randy & Crockett, Javona**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1968 AT & T PO Box 8100 Aurora, IL 60507-8100	H	Open account opened 11/06				307.00
ACCOUNT NO. Asset Acceptance Llc PO Box 2036 Warren, MI 48090-2036		Assignee or other notification for: AT & T				
ACCOUNT NO. 8014 AT & T PO Box 8100 Aurora, IL 60507-8100	H	Open account opened 3/06				229.00
ACCOUNT NO. Cavalry Portfolio Serv PO Box 1017 Hawthorne, NY 10532-7504		Assignee or other notification for: AT & T				
ACCOUNT NO. 3541 Bally Total Fitness Attn Member Services PO Box 1090 Norwalk, CA 90651-1090	W	Open account opened 4/08				1,331.00
ACCOUNT NO. Asset Acceptance Llc PO Box 2036 Warren, MI 48090-2036		Assignee or other notification for: Bally Total Fitness				
ACCOUNT NO. 1615 Black Expressions Book Club 1225 S Market St Mechanicsburg, PA 17055-4728	W	Collections account opened 2/08				138.00

Sheet no. 2 of 16 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **2,005.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
\$

IN RE **Crockett, Randy & Crockett, Javona**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Rjm Acq Llc 575 Underhill Blvd Ste 224 Syosset, NY 11791-3416		Assignee or other notification for: Black Expressions Book Club				
ACCOUNT NO. BIL22746833-0 Boone County State's Atty Bad Check Program PO Box 1068 Belvidere, IL 61008-1068	J	NSF				876.00
ACCOUNT NO. 529107175860 Cap One PO Box 5155 Norcross, GA 30091-5155	W	Revolving account opened 6/00				1,354.00
ACCOUNT NO. Tsys Debt Management PO Box 5155 Norcross, GA 30091-5155		Assignee or other notification for: Cap One				
ACCOUNT NO. 4723 Car Town, Inc 850 N Western Ave Chicago, IL 60622-4638	H	loan				1,830.00
ACCOUNT NO. Jvdb Asc PO Box 5718 Elgin, IL 60121-5718		Assignee or other notification for: Car Town, Inc				
ACCOUNT NO. jvdb4723, 06M1180908 Car Town, Inc 850 N Western Ave Chicago, IL 60622-4638	J	loan				2,784.00

Sheet no. **3** of **16** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)\$ **6,844.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

IN RE **Crockett, Randy & Crockett, Javona**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Law Offices Of Jerry M. Salzberg 3949 N Pulaski Rd Chicago, IL 60641-2932		Assignee or other notification for: Car Town, Inc				
ACCOUNT NO. 85702 Cingular Wireless/ AT&T Wireless 175 E Houston St San Antonio, TX 78205-2255	J	Collections				2,647.00
ACCOUNT NO. Afni, Inc PO Box 3427 Bloomington, IL 61702-3427		Assignee or other notification for: Cingular Wireless/ AT&T Wireless				
ACCOUNT NO. 0701 Citibank Attn: Centralized Bankruptcy PO Box 20507 Kansas City, MO 64195-0507	W	Open account opened 9/06				7,706.00
ACCOUNT NO. Lvnv Funding Llc PO Box 10587 Greenville, SC 29603-0587		Assignee or other notification for: Citibank				
ACCOUNT NO. City Of Chicago Bureau Of Parking Department Of Revenue 333 S State St Ste 540 Chicago, IL 60604-3992	J	Collections				1,170.00
ACCOUNT NO. Arnold Scott Harris 600 W Jackson Blvd Ste 720 Chicago, IL 60661-5683		Assignee or other notification for: City Of Chicago Bureau Of Parking				

Sheet no. **4** of **16** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **11,523.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE **Crockett, Randy & Crockett, Javona**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Linebarger, Goggan, Blair, Sampson LLP Attorneys At Law PO Box 6152 Chicago, IL 60606-0152		Assignee or other notification for: City Of Chicago Bureau Of Parking				
ACCOUNT NO. 151088 Com Ed Customer Care Center PO Box 805379 Chicago, IL 60680-5379	J	Collections				1,000.00
ACCOUNT NO. NCO Financial Systems 507 Prudential Rd Horsham, PA 19044-2308		Assignee or other notification for: Com Ed				
ACCOUNT NO. 9225 Comcast Attn Bankruptcy 1500 Market St Philadelphia, PA 19102-2100	H	Open account opened 7/07				199.00
ACCOUNT NO. Credit Protection Asso PO Box 802068 Dallas, TX 75380-2068		Assignee or other notification for: Comcast				
ACCOUNT NO. Commonwealth Edison	H	Open account opened 9/07				632.00
ACCOUNT NO. Nco Fin /99 507 Prudential Rd Horsham, PA 19044-2308		Assignee or other notification for: Commonwealth Edison				

Sheet no. **5** of **16** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **1,831.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE **Crockett, Randy & Crockett, Javona**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Van Ru Credit Corp 10024 Skokie Blvd Ste 2 Skokie, IL 60077-1025		Assignee or other notification for: Commonwealth Edison				
ACCOUNT NO. 16125 Cps Security PO Box 782408 San Antonio, TX 78278-2408	J	Collections				65.00
ACCOUNT NO. Walgreens		Assignee or other notification for: Cps Security				
ACCOUNT NO. 6523 First Cash Advance 1916 E 95th St Chicago, IL 60617-4787	H	Open account opened 10/07				25.00
ACCOUNT NO. Asset Acceptance Llc PO Box 2036 Warren, MI 48090-2036		Assignee or other notification for: First Cash Advance				
ACCOUNT NO. Genesis Financial Services 505 N Lasalle St Ste 250 Chicago, IL 60610-4222	J	loan				750.00
ACCOUNT NO. 0017185001 Horizon Emergency Physician Group Dept 3100 PO Box 3781 Hinsdale, IL 60522-3781	J	Medical or Dental Bill				144.00

Sheet no. 6 of 16 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **984.00**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE **Crockett, Randy & Crockett, Javona**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Hsbc Auto Finance Bankruptcy PO Box 17909 San Diego, CA 92177-7909	J	repossession				2,500.00
ACCOUNT NO. 421794500148 Hsbc Bank PO Box 5253 Carol Stream, IL 60197-5253	W	Revolving account opened 12/01				100.00
ACCOUNT NO. Illinois Department Of Employment Securi Attn Bankruptcy 3rd Fl 401 S State St Chicago, IL 60605-1229	J	Overpayment of benefits				5,000.00
ACCOUNT NO. Intelenet Global Services 2325 Coit Rd Ste B Plano, TX 75075-3795	J	Collections				119.50
ACCOUNT NO. Asset Acceptance PO Box 2036 Warren, MI 48090-2036		Assignee or other notification for: Intelenet Global Services				
ACCOUNT NO. SBC/ AT&T 225 W Randolph St Chicago, IL 60606-1838		Assignee or other notification for: Intelenet Global Services				
ACCOUNT NO. 2843 IQ Telecom 3221 Burr Oak Ave Blue Island, IL 60406-1829	H	Collections account opened 3/06				64.00

Sheet no. 7 of 16 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **7,783.50**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE **Crockett, Randy & Crockett, Javona**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. I C System Inc PO Box 64378 Saint Paul, MN 55164-0378		Assignee or other notification for: IQ Telecom				
ACCOUNT NO. 9770 Lincoln Towing Service Inc 4882 N Clark St Chicago, IL 60640-4711	H	Open account opened 7/05				2,372.00
ACCOUNT NO. Rickenbacker Group 15005 Concord Cir Morgan Hill, CA 95037-5417		Assignee or other notification for: Lincoln Towing Service Inc				
ACCOUNT NO. 2679 MCI Bankruptcy Department PO Box 3243 Bloomington, IL 61702-3243	W	Open account opened 5/04				513.00
ACCOUNT NO. Park Dansan 113 W 3rd Ave Gastonia, NC 28052-4320		Assignee or other notification for: MCI Bankruptcy Department				
ACCOUNT NO. 5521 MCI Bankruptcy Department PO Box 3243 Bloomington, IL 61702-3243	W	Open account opened 7/06				514.00
ACCOUNT NO. Midland Credit Mgmt 8875 Aero Dr San Diego, CA 92123-2251		Assignee or other notification for: MCI Bankruptcy Department				

Sheet no. **8** of **16** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **3,399.00**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE **Crockett, Randy & Crockett, Javona**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5275 MCI Bankruptcy Department PO Box 3243 Bloomington, IL 61702-3243	H	Open account opened 7/06				304.00
ACCOUNT NO. Midland Credit Mgmt 8875 Aero Dr Ste 200 San Diego, CA 92123-2255		Assignee or other notification for: MCI Bankruptcy Department				
ACCOUNT NO. Medical	W					756.00
ACCOUNT NO. Harris 600 W Jackson Blvd Chicago, IL 60661-5636		Assignee or other notification for: Medical				
ACCOUNT NO. 71073704-5 Medical Recovery Specialists 2250 E Devon Ave Ste 352 Des Plaines, IL 60018-4511	J	Medical/ Dental Bill				300.00
ACCOUNT NO. St Anthony Hospital		Assignee or other notification for: Medical Recovery Specialists				
ACCOUNT NO. 1777, 0998, 0124, 0123 Meijer Inc C/O United Collection Bureau 5620 Southwyck Blvd Toledo, OH 43614-1501	W	Collections accounts opened 8/05				1,011.00

Sheet no. **9** of **16** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **2,371.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
\$

IN RE **Crockett, Randy & Crockett, Javona**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Meijer Attn: Returned Checks Dept PO Box 1 Grand Rapids, MI 49501		Assignee or other notification for: Meijer Inc				
ACCOUNT NO. Meijer, Inc 2929 Walker Ave NW Grand Rapids, MI 49544-9424		Assignee or other notification for: Meijer Inc				
ACCOUNT NO. 3767, 3397, 3438, 2274 Michaels, Inc. 8000 Bent Branch Dr Irving, TX 75063-6023	W	Collections accounts opened 6/05				357.00
ACCOUNT NO. Michaels PO Box 201059 Dallas, TX 75320-1059		Assignee or other notification for: Michaels, Inc.				
ACCOUNT NO. United Compucured 4190 Harrison Ave Cincinnati, OH 45211-4546		Assignee or other notification for: Michaels, Inc.				
ACCOUNT NO. Midwest Diagnostic Pathology 75 Remittance Dr Ste 3070 Chicago, IL 60675-3070	J	Collections				22.00
ACCOUNT NO. 1155 Mt Sinai Hospital 2750 W 15th St Chicago, IL 60608-1610	H	Open account opened 11/03				2,128.00

Sheet no. **10** of **16** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)\$ **2,507.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

IN RE **Crockett, Randy & Crockett, Javona**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Nationwide Credit And Co 9919 W Roosevelt Rd Ste 101 Westchester, IL 60154-2771		Assignee or other notification for: Mt Sinai Hospital				
ACCOUNT NO. 50004809, 8500044988240 Peoples Engy 130 E Randolph St Chicago, IL 60601-6207	W	Open account opened 6/07				1,131.00
ACCOUNT NO. Harris & Harris 600 W Jackson Blvd Ste 400 Chicago, IL 60661-5675		Assignee or other notification for: Peoples Engy				
ACCOUNT NO. 1467 Practical Auto Sales 227 Terminal Ave Nanaimo, BC V9R 5C7	H	Collections				373.00
ACCOUNT NO. Jvdb Asc 330 S Wells St Chicago, IL 60606-7106		Assignee or other notification for: Practical Auto Sales				
ACCOUNT NO. 7686 Safeway, Inc 5918 Stoneridge Mall Rd Pleasanton, CA 94588-3229	H	Open account opened 2/06				76.00
ACCOUNT NO. Check Recovery Systems 425 W Kelso St Inglewood, CA 90301-2539		Assignee or other notification for: Safeway, Inc				

Sheet no. **11** of **16** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **1,580.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE **Crockett, Randy & Crockett, Javona**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Santa Barbara Bank And Trust C/O SIMM Assoc 800 Pencader Newark, DE 19702	J	Collections				500.00
ACCOUNT NO. 4409 SBC/ AT&T 225 W Randolph St Chicago, IL 60606-1838	H	Utility or Cellular Use				307.00
ACCOUNT NO. Gc Services 6330 Gulfston St Houston, TX 77081-1108		Assignee or other notification for: SBC/ AT&T				
ACCOUNT NO. 1025 SBC/ AT&T 225 W Randolph St Chicago, IL 60606-1838	H	Open account opened 8/05				119.00
ACCOUNT NO. Asset Acceptance Llc PO Box 2036 Warren, MI 48090-2036		Assignee or other notification for: SBC/ AT&T				
ACCOUNT NO. 4209 SBC/ AT&T 225 W Randolph St Chicago, IL 60606-1838	W	Open account opened 12/05				201.00
ACCOUNT NO. Midland Credit Mgmt 8875 Aero Dr Ste 200 San Diego, CA 92123-2255		Assignee or other notification for: SBC/ AT&T				

Sheet no. **12** of **16** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **1,127.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE **Crockett, Randy & Crockett, Javona**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Smg	H	Open account opened 1/04				128.00
ACCOUNT NO. Kca Financial Svcs For SMG PO Box 53 Geneva, IL 60134-0053		Assignee or other notification for: Smg				
ACCOUNT NO. 1539 Sprint Nextel Nextel 2001 Edmund Halley Dr Reston, VA 20191-3436	H	Collections account opened 3/08				130.00
ACCOUNT NO. Afni, Inc. PO Box 3427 Bloomington, IL 61702-3427		Assignee or other notification for: Sprint Nextel				
ACCOUNT NO. 9900 Sprint Nextel 2001 Edmund Halley Dr Reston, VA 20191-3436	W	Open account opened 12/04				510.00
ACCOUNT NO. Cavalry Portfolio Serv PO Box 1017 Hawthorne, NY 10532-7504		Assignee or other notification for: Sprint Nextel				
ACCOUNT NO. 0538 Sprint Nextel Sprint PCS 2001 Edmund Halley Dr Reston, VA 20191-3436	H	Open account opened 12/04				472.00

Sheet no. **13** of **16** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **1,240.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)Total
\$

IN RE **Crockett, Randy & Crockett, Javona**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Cavalry Portfolio Serv PO Box 1017 Hawthorne, NY 10532-7504		Assignee or other notification for: Sprint Nextel				
ACCOUNT NO. St Anthony Hospital 2875 W 19th St Chicago, IL 60623-3501	J	Medical/ Dental Bill				500.00
ACCOUNT NO. 6546 T Mobile Bankruptcy Team PO Box 53410 Bellevue, WA 98015-5341	W	Open account opened 9/07				1,206.00
ACCOUNT NO. Amsher Collection Serv 600 Beacon Pkwy W Ste 300 Birmingham, AL 35209-3120		Assignee or other notification for: T Mobile Bankruptcy Team				
ACCOUNT NO. Superior Asset Management PO Box 596 Fort Walton Beach, FL 32549-0596		Assignee or other notification for: T Mobile Bankruptcy Team				
ACCOUNT NO. The Student Loan Corporation	W	Open account opened 3/06				981.00
ACCOUNT NO. Isac 1755 Lake Cook Rd Deerfield, IL 60015-5215		Assignee or other notification for: The Student Loan Corporation				

Sheet no. **14** of **16** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **2,687.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE **Crockett, Randy & Crockett, Javona**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. The Student Loan Corporation	W	Open account opened 3/06				578.00
ACCOUNT NO. Isac 1755 Lake Cook Rd Deerfield, IL 60015-5215		Assignee or other notification for: The Student Loan Corporation				
ACCOUNT NO. 2721, 716454129 US Cellular Write Off Team 5117 W Terrace Dr Madison, WI 53718-8344	H	Open account opened 12/07				867.00
ACCOUNT NO. Afni, Inc. PO Box 3427 Bloomington, IL 61702-3427		Assignee or other notification for: US Cellular				
ACCOUNT NO. Amo Recoveries PO Box 4557 Glendale Heights, IL 60139		Assignee or other notification for: US Cellular				
ACCOUNT NO. Von Maur Store	J	NSF				233.00
ACCOUNT NO. CFC Cash Flow Consultants PO Box 1527 Bridgeview, IL 60455-0527		Assignee or other notification for: Von Maur Store				

Sheet no. **15** of **16** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **1,678.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
\$

IN RE **Crockett, Randy & Crockett, Javona**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 10921030 Walmart Stores C/O FMS PO Box 707600 Tulsa, OK 74170-7600	J	Collections				326.00
ACCOUNT NO. Trs Recovery Services PO Box 60022 City of Industry, CA 91716-0022		Assignee or other notification for: Walmart Stores				
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. **16** of **16** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **326.00**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$ **53,823.50**

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S): 5
EMPLOYMENT: DEBTOR		SPOUSE
Occupation See Schedule Attached Name of Employer How long employed Address of Employer		See Schedule Attached

INCOME: (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ 1,990.48	\$ 3,353.79
2. Estimated monthly overtime	\$ _____	\$ _____
3. SUBTOTAL	\$ 1,990.48	\$ 3,353.79
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ 389.04	\$ 566.63
b. Insurance	\$ 87.50	\$ 65.00
c. Union dues	\$ _____	\$ 52.00
d. Other (specify) Child Support	\$ 376.00	\$ _____
Student Loan	\$ _____	\$ 337.81
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 852.54	\$ 1,021.44
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 1,137.94	\$ 2,332.35
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social Security or other government assistance (Specify) _____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify) _____	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ _____	\$ _____
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 1,137.94	\$ 2,332.35
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ 3,470.29	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None

IN RE Crockett, Randy & Crockett, Javona

Case No. _____

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**Continuation Sheet - Page 1 of 1**

EMPLOYMENT:	DEBTOR	SPOUSE
Occupation		Child Care
Name of Employer	Chicago Public Schools	Lydia Home
How long employed		3 years
Address of Employer	PO Box 9003	
	Chicago, IL 60609-0003	
Occupation	Child Care	Cook
Name of Employer	Lydia Home	Ohare Hilton
How long employed	3 years	
Address of Employer		

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor’s family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor’s spouse maintains a separate household. Complete a separate schedule of expenditures labeled “Spouse.”

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 650.00
a. Are real estate taxes included? Yes ___ No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes ___ No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 400.00
b. Water and sewer	\$
c. Telephone	\$
d. Other Cell Phones	\$ 150.00
Cable, Internet, And Phone	\$ 180.00
3. Home maintenance (repairs and upkeep)	\$
4. Food	\$ 550.00
5. Clothing	\$ 150.00
6. Laundry and dry cleaning	\$ 75.00
7. Medical and dental expenses	\$ 125.00
8. Transportation (not including car payments)	\$ 400.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ 50.00
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner’s or renter’s	\$
b. Life	\$ 65.00
c. Health	\$
d. Auto	\$ 228.00
e. Other	\$
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify)	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ 578.00
b. Other	\$
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other Child Care	\$ 125.00
	\$
	\$

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 3,726.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 3,470.29
b. Average monthly expenses from Line 18 above	\$ 3,726.00
c. Monthly net income (a. minus b.)	\$ -255.71

IN RE **Crockett, Randy & Crockett, Javona**

Debtor(s)

Case No. _____

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 33 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: **November 11, 2008** Signature: /s/ Randy Crockett
Randy Crockett

Debtor

Date: **November 11, 2008** Signature: /s/ Javona Crockett
Javona Crockett

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Crockett, Randy & Crockett, Javona

Debtor(s)

Case No. _____

Chapter 7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
2,500.00	2008 income from employment (monthly) - husband
24,000.00	2007 income from employment - husband
30,000.00	2006 income from employment - (husband)
3,300.00	2008 income from employment (monthly) (wife)
35,000.00	2007 income from employment (wife)
35,000.00	2006 income from employment (wife)

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
5,000.00	2006 income from child care initiative (wife)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

- None ☐ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
ACC International ACC Bldg. 919 Estes Ct Schaumburg, IL 60193-4427	Last 3 months	1,800.00	21,800.00

- None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☐ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
Mary Crockett	2007	900.00	0.00

4. Suits and administrative proceedings, executions, garnishments and attachments

- None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602	5/24/2008	676.00

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

- None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

- None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **November 11, 2008** Signature /s/ Randy Crockett
of Debtor **Randy Crockett**

Date: **November 11, 2008** Signature /s/ Javona Crockett
of Joint Debtor **Javona Crockett**
(if any)

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Case No. _____

Crockett, Randy & Crockett, Javona

Chapter 7

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 22,450.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 21,803.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		\$ 5,640.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	17		\$ 53,823.50	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 3,470.29
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 3,726.00
TOTAL		31	\$ 22,450.00	\$ 81,266.50	

IN RE:

Case No. _____

Crockett, Randy & Crockett, Javona

Chapter 7

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 4,140.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 1,500.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 5,640.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 3,470.29
Average Expenses (from Schedule J, Line 18)	\$ 3,726.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 5,344.27

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 7,803.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 5,640.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 53,823.50
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 61,626.50

IN RE:

Crockett, Randy

Case No. _____

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Randy Crockett

Date: November 11, 2008

IN RE:

Crockett, Javona

Case No. _____

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Javona Crockett

Date: November 11, 2008

IN RE:

Crockett, Randy & Crockett, Javona

Debtor(s)

Case No. _____

Chapter **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
☒ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
07 Chevy Malibu	Acc Consumer Finance L				✓

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
--------------------------------	---------------	--

11/11/2008

Date

/s/ Randy Crockett

Randy Crockett

Debtor

/s/ Javona Crockett

Javona Crockett

Joint Debtor (if applicable)

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

IN RE:

Case No. _____

Crockett, Randy & Crockett, Javona

Chapter 7

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 92

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: November 11, 2008

/s/ Randy Crockett

Debtor

/s/ Javona Crockett

Joint Debtor

Crockett, Randy
4302 W Gladys
Apt 1
Chicago, IL 60624

Americash Loans
Attn Bankruptcy
880 Lee St Ste 302
Des Plaines, IL 60016-6487

Black Expressions Book Club
1225 S Market St
Mechanicsburg, PA 17055-4728

Crockett, Javona
4302 W Gladys
Apt 1
Chicago, IL 60624

Americash Loans
103 W Division St
Chicago, IL 60610-1909

Boone County State's Atty
Bad Check Program
PO Box 1068
Belvidere, IL 61008-1068

Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602

Amo Recoveries
PO Box 4557
Glendale Heights, IL 60139

Cap One
PO Box 5155
Norcross, GA 30091-5155

Aaron Sales And Lease Ow
PO Box 102746
Atlanta, GA 30368-2746

Amsher Collection Serv
600 Beacon Pkwy W Ste 300
Birmingham, AL 35209-3120

Car Town, Inc
850 N Western Ave
Chicago, IL 60622-4638

Acc Consumer Finance L
10770 Wateridge Cir
San Diego, CA 92121-5701

Arnold Scott Harris
600 W Jackson Blvd Ste 720
Chicago, IL 60661-5683

Cavalry Portfolio Serv
PO Box 1017
Hawthorne, NY 10532-7504

Advocate Health Hospital Cor
Bethany
3435 W Van Buren St
Chicago, IL 60624-3312

Aspire
PO Box 105341
Atlanta, GA 30348-5341

CFC Cash Flow Consultants
PO Box 1527
Bridgeview, IL 60455-0527

Afni, Inc
PO Box 3427
Bloomington, IL 61702-3427

Asset Acceptance
PO Box 2036
Warren, MI 48090-2036

Check Recovery Systems
425 W Kelso St
Inglewood, CA 90301-2539

Afni, Inc.
PO Box 3427
Bloomington, IL 61702-3427

Asset Acceptance Llc
PO Box 2036
Warren, MI 48090-2036

Cingular Wireless/ AT&T Wireless
175 E Houston St
San Antonio, TX 78205-2255

America's Fi
2 Madison St
Oak Park, IL 60302-4204

AT & T
PO Box 8100
Aurora, IL 60507-8100

Citibank
Attn: Centralized Bankruptcy
PO Box 20507
Kansas City, MO 64195-0507

America's Financial Choice
3555 W Irving Park Rd
Chicago, IL 60618-3219

Bally Total Fitness
Attn Member Services
PO Box 1090
Norwalk, CA 90651-1090

City Of Chicago Bureau Of Parking
Department Of Revenue
333 S State St Ste 540
Chicago, IL 60604-3992

Com Ed
Customer Care Center
PO Box 805379
Chicago, IL 60680-5379

Horizon Emergency Physician Group
Dept 3100
PO Box 3781
Hinsdale, IL 60522-3781

IQ Telecom
3221 Burr Oak Ave
Blue Island, IL 60406-1829

Comcast
Attn Bankruptcy
1500 Market St
Philadelphia, PA 19102-2100

Hsbc Auto Finance
Bankruptcy
PO Box 17909
San Diego, CA 92177-7909

Isac
1755 Lake Cook Rd
Deerfield, IL 60015-5215

Cps Security
PO Box 782408
San Antonio, TX 78278-2408

Hsbc Bank
PO Box 5253
Carol Stream, IL 60197-5253

Jvdb Asc
PO Box 5718
Elgin, IL 60121-5718

Credit Protection Asso
PO Box 802068
Dallas, TX 75380-2068

I C System Inc
PO Box 64378
Saint Paul, MN 55164-0378

Jvdb Asc
330 S Wells St
Chicago, IL 60606-7106

David Taylor And Assocs
170 Main St Unit G11
Tewksbury, MA 01876-1744

Il Dept Of Healthcare
509 S 6th St
Springfield, IL 62701-1825

Kca Financial Svcs
For SMG
PO Box 53
Geneva, IL 60134-0053

First Cash Advance
1916 E 95th St
Chicago, IL 60617-4787

Illinois Department Of Employment Securi
Attn Bankruptcy 3rd Fl
401 S State St
Chicago, IL 60605-1229

Law Offices Of Jerry M. Salzberg
3949 N Pulaski Rd
Chicago, IL 60641-2932

Gc Services
6330 Gulfton St
Houston, TX 77081-1108

Illinois Department Of Human Services
Cash Management Unit
PO Box 19407
Springfield, IL 62794-9407

Lincoln Towing Service Inc
4882 N Clark St
Chicago, IL 60640-4711

Genesis Financial Services
505 N Lasalle St Ste 250
Chicago, IL 60610-4222

Illinois Department Of Revenue
Bankruptcy Section Level 7-425
100 W Randolph St
Chicago, IL 60601-3218

Linebarger, Goggan, Blair, Sampson LLP
Attorneys At Law
PO Box 6152
Chicago, IL 60606-0152

Harris
600 W Jackson Blvd
Chicago, IL 60661-5636

Intelenet Global Services
2325 Coit Rd Ste B
Plano, TX 75075-3795

Lvnv Funding Llc
PO Box 10587
Greenville, SC 29603-0587

Harris & Harris
600 W Jackson Blvd Ste 400
Chicago, IL 60661-5675

Internal Revenue Service
Centralized Insolvency Operations
PO Box 21126
Philadelphia, PA 19114-0326

MCI Bankruptcy Department
PO Box 3243
Bloomington, IL 61702-3243

Medical Recovery Specialists
2250 E Devon Ave Ste 352
Des Plaines, IL 60018-4511

Nationwide Credit And Co
9919 W Roosevelt Rd Ste 101
Westchester, IL 60154-2771

SBC/ AT&T
225 W Randolph St
Chicago, IL 60606-1838

Meijer
Attn: Returned Checks Dept
PO Box 1
Grand Rapids, MI 49501

Nco Fin /99
507 Prudential Rd
Horsham, PA 19044-2308

Sprint Nextel
Nextel
2001 Edmund Halley Dr
Reston, VA 20191-3436

Meijer Inc
C/O United Collection Bureau
5620 Southwyck Blvd
Toledo, OH 43614-1501

NCO Financial Systems
507 Prudential Rd
Horsham, PA 19044-2308

Sprint Nextel
2001 Edmund Halley Dr
Reston, VA 20191-3436

Meijer, Inc
2929 Walker Ave NW
Grand Rapids, MI 49544-9424

Park Dansan
113 W 3rd Ave
Gastonia, NC 28052-4320

Sprint Nextel
Sprint PCS
2001 Edmund Halley Dr
Reston, VA 20191-3436

Michaels
PO Box 201059
Dallas, TX 75320-1059

Peoples Engy
130 E Randolph St
Chicago, IL 60601-6207

St Anthony Hospital
2875 W 19th St
Chicago, IL 60623-3501

Michaels, Inc.
8000 Bent Branch Dr
Irving, TX 75063-6023

Practical Auto Sales
227 Terminal Ave
Nanaimo, BC V9R 5C7

State Collection Servi
PO Box 6250
Madison, WI 53716-0250

Midland Credit Mgmt
8875 Aero Dr
San Diego, CA 92123-2251

Rickenbacker Group
15005 Concord Cir
Morgan Hill, CA 95037-5417

Superior Asset Management
PO Box 596
Fort Walton Beach, FL 32549-0596

Midland Credit Mgmt
8875 Aero Dr Ste 200
San Diego, CA 92123-2255

Rjm Acq Llc
575 Underhill Blvd Ste 224
Syosset, NY 11791-3416

T Mobile Bankruptcy Team
PO Box 53410
Bellevue, WA 98015-5341

Midwest Diagnostic Pathology
75 Remittance Dr Ste 3070
Chicago, IL 60675-3070

Safeway, Inc
5918 Stoneridge Mall Rd
Pleasanton, CA 94588-3229

Trs Recovery Services
PO Box 60022
City of Industry, CA 91716-0022

Mt Sinai Hospital
2750 W 15th St
Chicago, IL 60608-1610

Santa Barbara Bank And Trust
C/O SIMM Assoc
800 Pencader
Newark, DE 19702

Tsys Debt Management
PO Box 5155
Norcross, GA 30091-5155

United Compucred
4190 Harrison Ave
Cincinnati, OH 45211-4546

US Cellular
Write Off Team
5117 W Terrace Dr
Madison, WI 53718-8344

Van Ru Credit Corp
10024 Skokie Blvd Ste 2
Skokie, IL 60077-1025

Walmart Stores
C/O FMS
PO Box 707600
Tulsa, OK 74170-7600

Zenith Acquisition Corp
220 John Glenn Dr # 1
Buffalo, NY 14228-2228

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

IN RE:

Crockett, Randy & Crockett, Javona

Debtor(s)

Case No. _____

Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **676.00**

Prior to the filing of this statement I have received \$ **676.00**

Balance Due \$ **0.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☐ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
 - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

November 11, 2008

Date

/s/ Nicolette Robovsky

Signature of Attorney

Gleason & Gleason

Name of Law Firm

Javona Crockett

Employee ID: 1084857

Earnings	current	year to date
Regular Wages	792.77	19,808.78
Overtime	42.66	871.22
Vacation	227.52	455.04
Meals	26.91	644.94
Declared Tips	0.00	12.43
Sick Pay	0.00	592.72
Retro Active Increase	0.00	227.45
Holiday	0.00	824.48
Special Gratuities	0.00	25.00
Gross Pay	\$ 1,062.95	\$ 22,804.69

Your federal taxable wages this period are \$1,062.95

Deductions

Taxes		
Fed Withholding	- 68.87	- 1,611.03
Fed MED/EE	- 15.41	- 330.67
Fed OASDI/EE	- 65.90	- 1,413.89
IL Withholding	- 24.97	- 546.05
Fed Med/EE/tip	- 0.00	- 0.18
Fed OASDI/tipEE	- 0.00	- 0.77

Voluntary

* Meals	-26.91	-644.94
Union Medical - Dpndnt-2nd	- 30.00	- 270.00
Regular Dues - 1st Payroll	- 0.00	- 333.00
Garnishment-Vol Dis/EE	- 0.00	- 364.48
Garnishment-1042	- 0.00	- 160.00
Garnishment-Med/EE/tip	- 0.00	- 764.78
Garnishment-Vol Dis/EE	- 0.00	- 1,528.28
Garnishment-Vol Dis/EE	- 0.00	- 1,191.88
Club Membership - 1st Pay Pd	- 0.00	- 30.00
Net Pay	\$ 857.80	\$ 14,259.68

* Excluded from federal taxable wages

Hours	rate	current	year to date
Regular Wages	14.2200	55.75	1344.25
Overtime	21.3300	2.00	39.75
Vacation	14.2200	16.00	32.00
Sick Pay			40.00
Retro Active Increase			
Holiday			56.00
Total:		73.75	1512.00

Period Beginning: 09/07/2008 Check #: 6749903
Period Ending: 09/20/2008 Check Date: 09/26/2008

Department: 41000-Coffee Shop #2
Location: HLTN O'Hare
Job Title: Attendant-Snack Bar
Pay Rate: \$ 14.2200 Hourly
Pay Group: 235-O'Hare Hilton

Tax Data:	Federal	IL State
Filing Status:	Single	Not applicable
Allowances:	3	3
Additional Percentage:		
Additional Amount:		

Important Notes



CHICAGO IL 60654
4305 N. Broadway
JAVONA CROCKETT
SS32
OHB-HLTN O'Hare-41000

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"To be the first choice of the world's travelers."

Hilton Pride makes it happen.

▲ DETACH CHECK ALONG PERFORATION ▲

▲ DETACH CHECK ALONG PERFORATION ▲

Javona Crockett

Employee ID: 1084857

Earnings	current	year to date
Regular Wages	1,232.14	11,404.74
Overtime	34.76	347.80
Leads	37.86	358.11
Sick Pay	0.00	365.20
Retro Active Increase	0.00	120.80
Holiday	0.00	483.20
Special Gratuities	0.00	25.00
Gross Pay	\$ 1,266.90	\$ 12,746.74

Our federal taxable wages this period are \$1,266.90

Deductions		
Taxes		
Fed Withholding	- 99.46	- 915.66
Fed MED/EE	- 18.37	- 184.83
Fed OASDI/EE	- 78.55	- 790.30
State Withholding	- 31.08	- 306.25

Voluntary		
Leads	- 37.86	- 358.11
ARN02 Writ	- 77.84	- 700.56
TLN01 Student	- 155.91	- 764.78
AGE01 Assignment	- 80.00	- 160.00
Union Medical - Dpdnt-2nd	- 30.00	- 150.00
Regular Dues - \$ 1st Payroll	- 0.00	- 185.00
Enrollment-Writ	- 0.00	- 1,191.88
Net Pay	\$ 695.69	\$ 7,397.48

Excluded from federal taxable wages

Hours	rate	current	year to date
Regular Wages	15.4500	79.75	753.25
Overtime	23.1733	1.50	15.25
Sick Pay			24.00
Retro Active Increase			32.00
Holiday			
Total:		81.25	824.50

Period Beginning: 05/04/2008 Check #: 6619826
Period Ending: 05/17/2008 Check Date: 05/23/2008

Department: 68100-Kitchen #1
Location: HLTN O'Hare
Job Title: Cook
Pay Rate: \$ 15.4500 Hourly
Pay Group: 235-O'Hare Hilton

Tax Data:	Federal	IL State
Filing Status:	Single	Not applicable
Allowances:	3	3
Additional Percentage:		
Additional Amount:		
Important Notes		



Chicago IL 60654
4305 W. Cisholm
Javona Crockett
SS32
OHB-HLTN O'Hare-68100

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Hilton Pride makes it happen.

Jayona E Crockett

LYDIA HOME ASSOCIATION

Earnings Statement

Emp Id 962
Location 10

Fed Taxable Income
Fed Filing Status
State Filing Status

542.40
S-1

Check Date
Period Beginning
Period Ending

October 10, 2008
September 16, 2008
September 30, 2008

Check Number
Net Pay
Check Amount

28300
455.78
455.78

Earning

Rate Hours

Amount

YTD Amt

Tax/Deduction

Amount

YTD Amt

Direct Deposit Type

Transit

Account

Amount

Bonus
Overtime
Regular

11.3000 48.00 542.40

300.00
237.30
6,814.30

FTW
IL
MED
SS

31.17
13.96
7.86
33.63

353.82
174.97
106.60
455.81

No Direct Deposits

Wage Assig

WAGE2

456.72

WAGE3

99.95

Benefit Amount YTD Amt Accrual Hours Dollars
No Benefits No Accruals

IMPORTANT: PLEASE READ

Gross Earnings	48.00	542.40	7,351.80	Totals	86.62	2,104.59
Taxable Earnings:		542.40				

Crockett

LYDIA HOME ASSOCIATION

Earnings Statement

962	Fed Taxable Income	304.42	Check Date	May 23, 2008	Check Number	27821
10	Fed Filing Status	S-1	Period Beginning	May 1, 2008	Net Pay	187.27
	State Filing Status	S-1	Period Ending	May 15, 2008	Check Amount	187.27

Rate	Hours	Amount	YTD Amt	Tax/Deduction	Amount	YTD Amt	Direct Deposit	Type	Transit	Account	Amount
10.9700	27.75	304.42	2,243.39		150.00		No Direct Deposits				
				FITW	6.79	63.09					
				IL	6.82	49.31					
				MED	4.41	34.70					
				SS	18.87	148.39					
				Wage Assig	40.13	294.23					
				WAGE2	40.13	294.23					
WAGE3		99.95	Benefit	Amount	YTD Amt	Accrual	Hours	Dollars			
						No Benefits			No Accruals		

IMPORTANT: PLEASE READ

s	27.75	304.42	2,393.39	Totals	117.15	983.90
nings:		304.42				



CHICAGO PUBLIC SCHOOLS
P.O. BOX 2866
CHICAGO, ILLINOIS 60690

PAGE: 1 of 1

DATE: August 1, 2008
PAY RUN ID: ES20080726-0400332652
CHECK NUMBER: 400332652

PAY PERIOD : 07/13/08-07/26/08
LANE/GRADE: 130
STEP: 01

09997 CKS ZA 06212 - 0400332652 NNNN 2125100001001 X371A1 C
RANDY CROCKETT
4302 W. GLADYS
CHICAGO IL 60624-2620



EMPLOYEE ID: 000204611
TIME CURRENT: 0.00
OVERTIME: 0.00

YTD TOTAL GROSS: \$10,551.33
YTD TAXABLE GROSS: \$8,263.07
MAIL DROP/DEPT/JOB CODE: 00697/30061/002533

POSITION/EARN TYPE---HOURS-AMOUNT/ADJ.--ADJ. PP

301659/Summer	30.00	487.37
156191/DeferredPy	0.00	487.85

TAXES/DEDUCTIONS/NET-----CURRENT-----YTD--

CPS Pension Plan	20.48	177.20
Break Advance Repayment	0.00	624.83
Deferred Pay Balance	0.00	436.26
Fed Withholding S07	0.00	0.00
Fed MED/EE	14.14	122.38
IL Withholding 02	24.03	177.22
SEIU L73 Part Time Fair S	14.40	86.40

BENEFIT DAYS-----
SCK 13.50 SCP 0.00 PBD 0.50
VAC 3.00 VC1 0.00 VC2 0.00

*** CURRENT GROSS PAY \$975.22

MESSAGES: ESP Payroll PP 15

CBOE Pension Contrib 68.27 590.81
*** CURRENT NET PAY \$902.17



CHICAGO PUBLIC SCHOOLS
P.O. BOX 09003
CHICAGO, ILLINOIS 60609

PAGE: 1 of 1

DATE: July 3, 2008
PAY RUN ID: ES20080628-0400325108
CHECK NUMBER: 400325108

PAY PERIOD: 06/15/08-06/28/08
LANE/GRADE: 130
STEP: 01

10255 CKS ZA 08184 - 0400325108 NNNN 1845100002001 X371A1 C
RANDY CROCKETT
4302 W. GLADYS
CHICAGO IL 60624-2620



EMPLOYEE ID: 000204611
TIME CURRENT: 0.00
OVERTIME: 0.00
POSITION/EARN TYPE---HOURS-AMOUNT/ADJ.--ADJ. PP
301659/Summer 32.00 499.87
156191/DeferredPy 0.00 487.85

YTD TOTAL GROSS: \$8,635.88
YTD GROSS: \$8,635.88
MAIL DROP/DEPT/JOB CODE: 00697/30061/002533

TAXES/DEDUCTIONS/NET	CURRENT	YTD
CPS Pension Plan	20.74	136.98
Break Advance Repayment	0.00	624.83
Deferred Pay Balance	0.00	1411.96
Fed Withholding S07	0.00	0.00
Fed MED/EE	14.32	94.61
IL Withholding 02	24.39	130.19
SEIU L73 Part Time Fair S	14.40	57.60

BENEFIT DAYS					
SCK	3.50	SCP	0.00	PBD	0.50
VAC	3.00	VC1	0.00	VC2	0.00

*** CURRENT GROSS PAY \$987.72

MESSAGES: RSP PP 13 Payroll

CBOE Pension Contrib 69.14 456.72
*** CURRENT NET PAY \$913.87

PLEASE DETACH BEFORE DEPOSITING CHECK

Landy L Crockett

LYDIA HOME ASSOCIATION

Earnings Statement

Emp Id Location	993 10	Fed Taxable Income		963.07	Check Date	May 23, 2008	Check Number	27824					
		Fed Filing Status	S-1	Period Beginning	May 1, 2008	Net Pay	532.88						
		State Filing Status		S-1	Period Ending	May 15, 2008	Check Amount	532.88					
Earning	Rate	Hours	Amount	YTD Amt	Tax/Deduction	Amount	YTD Amt	Direct Deposit	Type	Transit	Account	Amount	
onus				150.00	FITW	94.27	678.89	No Direct Deposits					
HOL				82.40	IL	26.58	215.26						
oliday				164.80	MED	13.96	120.80						
vertime	15.4500	6.75	104.29	378.53	SS	59.71	516.53						
FO				494.40									
egular	10.3000	78.50	808.55	7,158.52	Afl Dis PT	23.40	234.00						
ck	10.3000	8.00	82.40	185.40	AFLACHIC	8.77	87.70						
acation				154.50	DN125		115.76						
					Wage Assig	47.05	470.50	Benefit	Amount	YTD Amt	Accrual	Hours	Dollars
					WAGE3	188.62	1,777.28	No Benefits			FHOL PTO	16.00	

IMPORTANT: PLEASE READ

Gross Earnings	93.25	995.24	8,768.55	Totals	462.36	4,216.72
Taxable Earnings:		963.07				

Randy L Crockett

Case 08-30618

LYDIA HOME ASSOCIATION

Entered 11/11/08 09:13:30

Desc Main

Emp Id 993 Fed Taxable Income 1,093.82 Check Date August 25, 2008 Check Number 28
Location 10 Fed Filing Status S-1 Document Page 60 of 67 Net Pay 497
State Filing Status S-1 Period Ending August 15, 2008 Check Amount 497

Earning	Rate	Hours	Amount	YTD Amt	Tax/Deduction	Amount	YTD Amt	Direct Deposit	Type	Transit	Account	Amt
Bonus				150.00	FITW	113.88	1,156.80	No Direct Deposits				
FHOL				82.40	IL	30.51	357.23					
Holiday				329.60	MED	15.86	196.11					
Overtime	15.9150	6.75	107.43	728.66	SS	67.81	838.54					
PTO				576.80								
Regular	10.6100	96.09	1,018.56	11,526.08	Afl Dis PT	23.40	374.40					
Sick				270.28	AFLACHIC	8.77	140.32					
Vacation				491.54	CHILD		31.45					
					DN125		115.76					
					Wage Assig		611.65					
					WAGE2	89.79	470.34					
					WAGE3	188.62	2,751.85					
					WAGE4	89.79	370.19					

IMPORTANT: PLEASE READ

Gross Earnings 102.75 1,125.99 14,155.36 Totals 628.43 7,414.64
Taxable Earnings: 1,093.82

Randy L Crockett

LYDIA HOME ASSOCIATION

Earnings Statement

Emp Id 993 Fed Taxable Income 1,306.01 Check Date August 8, 2008 Check Number
Location 10 Fed Filing Status S-1 Document Page 60 of 67 Net Pay
State Filing Status S-1 Period Ending July 30, 2008 Check Amount

Earning	Rate	Hours	Amount	YTD Amt	Tax/Deduction	Amount	YTD Amt	Direct Deposit	Type	Transit	Account	Amt
Bonus				150.00	FITW	145.71	1,042.92	No Direct Deposits				
FHOL				82.40	IL	36.87	326.72					
Holiday				329.60	MED	18.94	180.25					
Overtime	15.9150	15.25	242.70	621.23	SS	80.98	770.73					
PTO				576.80								
Regular	10.6100	71.25	755.96	10,507.52	Afl Dis PT	23.40	351.00					
Sick	10.6100	8.00	84.88	270.28	AFLACHIC	8.77	131.55					
Vacation	10.6100	24.00	254.64	491.54	CHILD	188.63	188.63					
					DN125		115.76					
					Wage Assig		611.65					
					WA	105.57	380.55					
					WA	157.19	2,563.23					
					WA	105.57	280.40					

IMPORTANT: PLEASE READ

Gross Earnings 118.00 1,332.00 13,129.37 Totals 871.63 6,943.39
Taxable Earnings: 1,066.01

Form 1040 Department of the Treasury—Internal Revenue Service **2007** U.S. Individual Income Tax Return

OMB No. 1545-0047

For the year Jan. 1-Dec. 31, 2007, or other tax year beginning 2007, ending 20

Label (See instructions on page 12.) Use the IRS label. Otherwise, please print or type.

Label HERE

1 Your first name and initial Avnera E. Last name Crockett

2 Your social security number 33-70-876

3 Spouse's social security number

4 Home address (number and street). If you have a P.O. box, see page 12. 4302 W. Gladys

5 City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. Chicago IL 60634

6 Act. no. 1

7 You must enter your SSN(s) above.

8 Checking a box below will not change your tax or refund.

9 You ☐ Spouse ☐

10 Presidential Election Campaign ☐ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 2).

11 Filing Status

12 ☒ Single

13 ☐ Married filing jointly (even if only one had income)

14 ☐ Married filing separately. Enter spouse's SSN above

15 ☐ Qualifying widow(er) with dependent child (see page 14)

16 Exemptions

17 a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

18 b ☐ Spouse

19 c Dependents:

20 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) Qualifying child for child tax credit (see page 15)

21 If more than four dependents, see page 15.

22 d Total number of exemptions claimed 7

23 Income

24 7 Wages, salaries, tips, etc. Attach Form(s) W-2

25 8a Taxable interest. Attach Schedule B if required

26 8b Tax-exempt interest. Do not include on line 8a

27 9a Ordinary dividends. Attach Schedule B if required

28 9b Qualified dividends (see page 19)

29 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)

30 11 Alimony received

31 12 Business income or (loss). Attach Schedule C or C-EZ

32 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

33 14 Other gains or (losses). Attach Form 4797

34 15a IRA distributions 15b Taxable amount (see page 21)

35 16a Pensions and annuities 16b Taxable amount (see page 22)

36 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

37 18 Farm income or (loss). Attach Schedule F

38 19 Unemployment compensation

39 20a Social security benefits 20b Taxable amount (see page 24)

40 21 Other income. List type and amount (see page 24)

41 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 35773.

42 Adjusted Gross Income

43 23 Educator expenses (see page 26)

44 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

45 25 Health savings account deduction. Attach Form 8889

46 26 Moving expenses. Attach Form 3903

47 27 One-half of self-employment tax. Attach Schedule SE

48 28 Self-employed SEP, SIMPLE, and qualified plans

49 29 Self-employed health insurance deduction (see page 26)

50 30 Penalty on early withdrawal of savings

51 31a Alimony paid 31b Recipient's SSN

52 32 IRA deduction (see page 27)

53 33 Student loan interest deduction (see page 30)

54 34 Tuition and fees deduction. Attach Form 8917

55 35 Domestic production activities deduction. Attach Form 9903

56 36 Add lines 23 through 31e and 32 through 35

57 37 Subtract line 36 from line 22. This is your adjusted gross income 35773.

Page 2

Form 1040 (2007)

Tax and Credits

Standard Deduction for—

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 31.

• All others:

Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,350

38 Amount from line 37 (adjusted gross income)

39a Check ☐ You were born before January 2, 1943, ☐ Blind. ☐ Total boxes checked **39a**

If: ☐ Spouse was born before January 2, 1943, ☐ Blind. ☐ checked **39b**

b If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here **39b**

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)

41 Subtract line 40 from line 38

42 If line 38 is \$117,300 or less, multiply 53,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 38.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-

44 Tax (see page 39). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4872 c ☐ Form(s) 8859

45 Alternative minimum tax (see page 35). Attach Form 6251

46 Add lines 44 and 45

47 Credit for child and dependent care expenses. Attach Form 2441

48 Credit for the elderly or the disabled. Attach Schedule R

49 Education credits. Attach Form 8863

50 Residential energy credits. Attach Form 5695

51 Foreign tax credit. Attach Form 1116 if required

52 Child tax credit (see page 39). Attach Form 8801 if required

53 Retirement savings contributions credit. Attach Form 8880

54 Credits from: a ☐ Form 8396 b ☐ Form 8859 c ☐ Form 8839

55 Other credits: a ☐ Form 8800 b ☐ Form 8801 c ☐ Form

56 Add lines 47 through 55. These are your total credits

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-

38 35773

39a

39b

40 5450

41 36323

42 3500

43 36723

44 3623

45

46 3623

47

48

49

50

51

52

53

54

55

56 3623

57

Other Taxes

58 Self-employment tax. Attach Schedule SE

59 Unreported social security and Medicare tax. Form: a ☐ Form 4137 b ☐ Form 8919

60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required

61 Advance earned income credit payments from Form(s) W-2, box 9

62 Household employment taxes. Attach Schedule H

63 Add lines 57 through 62. This is your total tax

58

59

60

61 3623

62 2581

63

Payments

If you have a qualifying child, attach Schedule EIC

64 Federal income tax withheld from Forms W-2 and 1099

65 2007 estimated tax payments and amount applied from 2006 return

66a Earned income credit (EIC)

b Nonrefundable combat pay election **66b**

67 Excess social security and tier 1 RRTA tax withheld (see page 59)

68 Additional child tax credit. Attach Form 8812

69 Amount paid with request for extension to file (see page 59)

70 Payments from: a ☐ Form 2459 b ☐ Form 4136 c ☐ Form 8885

71 Refundable credit for prior year minimum tax from Form 8801, line 27

72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments

64

65

66a

66b

67

68

69

70 600

71 3181

72

Refund

Direct deposit? See page 38 and fill in 74b, 74c, and 74d, or Form 8888

73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ☐

b Routing number

c Type: ☐ Checking ☐ Savings

d Account number

75 Amount of line 73 you want applied to your 2008 estimated tax

76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60

77 Estimated tax penalty (see page 61)

73

74a

75 442

76

Amount You Owe

Third Party Designee

Sign Here

Joint return? See page 10. Keep a copy for your records.

Do you want to allow another person to discuss this return with the IRS (see page 61)? ☐ Yes. Complete the following. ☐ No

Designee's name Phone no. Personal identification number (PIN)

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN

Firm's name (if self-employed) EIN Phone no.

Paid Preparer's Use Only

Form 1040 (2007)

Department of the Treasury - Internal Revenue Service

Document
2007

Page 64 of 67

Form
1040EZIncome Tax Return for Single and
Joint Filers With No Dependents

OMB No. 1545-0074

Label (See instructions) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign (See instructions)	Your first name and initial RANDY	Last name CROCKETT	Your social security number 332-68-2747
	If a joint return, spouse's first name and initial _____	Last name _____	Spouse's social security number _____
	Home address (number and street). If you have a P.O. box, see instructions. 4302 W GLADYS Apt. no. 1ST FL City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. CHICAGO, IL 60624		

Check here if you, or your spouse if a joint return, want \$3 to go to this fund? ☐ You ☐ Spouse

1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	25,213.
2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2	
3 Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	3	
4 Add lines 1, 2, and 3. This is your adjusted gross income .	4	25,213.
5 If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet in instructions. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$8,750 if single; \$17,500 if married filing jointly . See instructions for explanation.	5	8,750.
6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-.	6	16,463.
This is your taxable income .	7	2,169.
7 Federal income tax withheld from box 2 of your Form(s) W-2.	7a	
8a Earned income credit (EIC). NO	8a	
b Nontaxable combat pay election.	8b	
9 Add lines 7 and 8a. These are your total payments .	9	2,169.
10 Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	10	2,080.
11a If line 9 is larger than line 10, subtract line 10 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>	11a	89.
Have it directly deposited! See instructions and fill in 11b, 11c, and 11d or Form 8888. b Routing number 271972572 c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings d Account number 5867497006		
12 If line 10 is larger than line 9, subtract line 9 from line 10. This is the amount you owe . For details on how to pay, see instructions.	12	0.

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☐ No

Third party designee	Designee's name	Phone no.	Personal identification number (PIN)
Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.			
Sign here	Your signature	Date	Your occupation CHILD CARE WORKER
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation _____
Paid preparer's use only	Preparer's signature	Date	Daytime phone number 773-552-9509
	Firm's name (or yours if self-employed), address, and ZIP code	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
		EIN	Phone no.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040EZ (2007)

UYA

Certificate Number: 00437-ILN-CC-005027740**CERTIFICATE OF COUNSELING**I CERTIFY that on September 29, 2008, at 7:55 o'clock PM MDT.Javona E Crockett received fromBlack Hills Children's Ranch, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied

with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.Date: September 29, 2008By /s/Nevada PeckName Nevada PeckTitle Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 00437-ILN-CC-005027755

CERTIFICATE OF COUNSELING

I CERTIFY that on September 29, 2008, at 7:59 o'clock PM MDT.

Randy L. Crockett received from

Black Hills Children's Ranch, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the
Northern District of Illinois, an individual [or group] briefing that complied
with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of
the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: September 29, 2008

By /s/Nevada Peck

Name Nevada Peck

Title Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Case No. _____

Crockett, Randy & Crockett, JavonaChapter 7

Debtor(s)

DECLARATION REGARDING ELECTRONIC FILING

Signed by Debtor(s) or Corporate Representative

To Be Used When Filing over the Internet**PART I - DECLARATION OF PETITIONER**

Date: _____

A. To be completed in all cases.

I (We) Randy Crockett and Javona Crockett, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

- ☒ I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

- ☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature:



(Debtor or Corporate Officer, Partner or Member)

Signature:



(Joint Debtor)